



The Structured Decision Making[®] System for Child Protective Services

Policy and Procedures Manual

Intake: Screening Assessment/Response Priority

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Delaware DSCYF—Division of Family Services

This manual has been developed for use in the state of Delaware. It may not be implemented in any other jurisdiction without consultation with the National Council on Crime and Delinquency. For more information about the SDM[®] system for child protection, contact SDMSystems@nccdglobal.org.

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DELAWARE DSCYF – DIVISION OF FAMILY SERVICES
SDM® SCREENING ASSESSMENT

SECTION 1: CHILD ABUSE/NEGLECT REPORT TYPE:

- ☐ Intrafamilial (Complete SDM Screening Assessment)
- ☐ Reports that do not require further SDM screening (Document report and take further action if required):
 - ☐ Extrafamilial (Refer to/from law enforcement)
 - ☐ Non-DFS IA (Refer to DHSS)
 - ☐ Report alleges abuse/neglect occurring in another state (Refer to appropriate agency in other state)
 - ☐ Report alleges abuse/neglect of a person who is/was over 18 at the time of the incident (Refer reporter to adult protective services or law enforcement if appropriate)
 - ☐ Report alleges abuse/neglect of a person who is now an adult while that person was a child AND the adult is not currently in foster care or a residential care facility

SECTION 2: MALTREATMENT TYPES (Mark only if definitional threshold met. Mark all that apply.)

Physical Abuse	<input type="checkbox"/> Child injury <ul style="list-style-type: none"> <input type="checkbox"/> Serious non-accidental injury <input type="checkbox"/> Other injury <input type="checkbox"/> Death due to abuse <input type="checkbox"/> Other abuse without injury <ul style="list-style-type: none"> <input type="checkbox"/> Excessive discipline/bizarre treatment <input type="checkbox"/> Dangerous behaviors involving child <input type="checkbox"/> Risk of physical abuse
Neglect	<input type="checkbox"/> Child injury/illness resulting from neglect <ul style="list-style-type: none"> <input type="checkbox"/> Injury/illness resulting from medical neglect <input type="checkbox"/> Injury/illness due to other neglect <input type="checkbox"/> Death due to neglect <input type="checkbox"/> Neglect (without injury/illness) <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> <input type="checkbox"/> Basic needs: food/clothing/shelter <input type="checkbox"/> Mental health care neglect <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Abandonment/no caregiver available/lockout <input type="checkbox"/> Educational neglect <ul style="list-style-type: none"> <input type="checkbox"/> Reckless behavior involving child <input type="checkbox"/> Failure to protect <input type="checkbox"/> Exploitation </div> <input type="checkbox"/> Risk of neglect
Sexual Abuse/ Exploitation	<input type="checkbox"/> Child harmed <ul style="list-style-type: none"> <input type="checkbox"/> Sexual abuse <input type="checkbox"/> Sexual exploitation <input type="checkbox"/> Non-contact sexual abuse <input type="checkbox"/> Suspicious indicators of sexual abuse <input type="checkbox"/> Risk of sexual abuse
Emotional Abuse/Neglect	<input type="checkbox"/> Child harmed <ul style="list-style-type: none"> <input type="checkbox"/> Child emotionally harmed <input type="checkbox"/> Suspected emotional harm <input type="checkbox"/> Risk of emotional harm
Parental Risk Factors	<input type="checkbox"/> Drug-exposed newborn (Chronic and severe substance abuse) <input type="checkbox"/> FASD (Chronic and severe substance abuse) <input type="checkbox"/> Other substance abuse problem (Chronic and severe substance abuse) <input type="checkbox"/> Domestic violence <input type="checkbox"/> History of serious child abuse and neglect or prior child fatality <input type="checkbox"/> Caregiver mental health problem <input type="checkbox"/> Caregiver cognitive or physical disability
Dependency	<input type="checkbox"/> Dependent child <input type="checkbox"/> Child living in non-related home without DSCYF approval <input type="checkbox"/> Inability to complete adoption plan <input type="checkbox"/> Out-of-state runaway <input type="checkbox"/> Abandoned infant (Safe Arms)

SECTION 3: INITIAL INTRAFAMILIAL CHILD ABUSE AND NEGLECT SCREENING DECISION

- ☐ Screen report in: One or more maltreatment types are checked
- ☐ Screen report out: Does not meet SDM maltreatment type definition; no maltreatment types are checked

SECTION 4: CONSIDERATION OF CHILD ABUSE AND NEGLECT REPORT OVERRIDES

Override to Screen In Report:

- ☐ Court order to investigate
- ☐ Discretionary override (specify): _____

Override to Screen Out Report:

- ☐ Insufficient information to locate family
- ☐ The information is identical to another accepted report (same victim(s), same alleged perpetrator, same incident or behaviors)
- ☐ The alleged incident occurred more than one year ago. (Exception: allegations of sexual abuse.)
- ☐ The report is in relation to an active treatment case and the treatment unit is addressing the issue. (Complete progress note in treatment case.)
- ☐ Discretionary override (specify): _____
- ☐ No overrides apply

SECTION 5: FINAL SCREENING DECISION

- ☐ Screen in child abuse and neglect report for:
 - ☐ Investigation
 - ☐ Link to current open investigation
 - ☐ Family assessment
- ☐ Screen out

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES
SDM® SCREENING ASSESSMENT
POLICY

Purpose and Policy

The purpose of the screening tool is to determine if DFS should respond to a child abuse and neglect report.

Which Cases: The screening portion is completed on all intrafamilial reports alleging child abuse, neglect, or dependency. This includes new reports of child abuse, neglect, and/or dependency on open cases.

Who: The intake worker completes the assessment and the supervisor reviews and approves.

When: The intake worker completes the assessment as soon as possible, ideally during the reporting telephone call. The assessment is documented within one hour if the report involves:

- A child requiring immediate medical or mental health attention
- A child under age 7
- A child with no caregiver or an unsupervised child under 12
- A drug-exposed infant or FASD child
- Living conditions that are immediately hazardous
- Sexual abuse

All other reports are documented as soon as possible and disposed no later than the end of the shift of the intake worker who received the report.

The supervisor reviews and approves assessments by the end of the shift.

Decision: The assessment informs the decision to screen in the report (meaning that the report will receive a response, whether that be investigation, a link to a current open investigation, or family assessment), or to screen the report out (meaning that the report will not receive a response from DFS).

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES SDM® SCREENING ASSESSMENT PROCEDURES

This section describes policy for completing the screening tool on page 1 of this manual. The tool has five parts.

- Section 1: Used to indicate the basic type of child abuse and neglect report that has been received (intrafamilial, extrafamilial, etc.).
- Section 2: Incorporates the child abuse/neglect screening criteria. Subcategories will only be marked if the information received meets the definitions as outlined in this manual.
- Section 3: Used to record the initial screening decision for child abuse and neglect reports, before consideration of overrides.
- Section 4: Incorporates potential mandatory and discretionary overrides for child abuse and neglect reports.
- Section 5: Used to record the final screening decision, after overrides have been considered.

SECTION 1: CHILD ABUSE AND NEGLECT REPORT TYPE

This section is used to record the basic type of report that has been received.

- If the report is alleging intrafamilial child abuse/neglect, mark that box. If the intrafamilial child abuse/neglect report box is marked, complete the remainder of the screening tool.
- If the report is an extrafamilial child abuse and neglect case, or a non-DFS IA report, an out-of-state report, or one involving a person who is now an adult, check “Reports that do not require further SDM screening” and check the relevant type of report. There is no need to complete the rest of the screening tool. You must, however, still follow through on any actions required for responding to these types of reports or calls.

SECTION 2: MALTREATMENT TYPES

Type of Harm

This section contains all categories for intrafamilial reports in which a child is alleged to have been abused/neglected or is at risk of being abused/neglected.

Based on the reported information, review the subcategories under each of the abuse/neglect types (and their associated definitions in this manual) to determine if the information provided meets any of the criteria. If the criteria are met, mark the relevant subcategory. If the criteria are not met, do not mark the subcategory.

If multiple children in the family are alleged to have been abused or neglected, capture all the allegations on the same screening tool. Similarly, if there are multiple types of allegations in relation to one or more children in the family, capture all those allegations on the same tool.

Mark each abuse type that is alleged to have occurred or is at risk of occurring, based on the following:

- The type of abuse alleged (physical, neglect, sexual, emotional, dependency); AND
- The extent of the alleged harm, using the following categories:
 - » If an injury/illness or other harm is known to have occurred, mark the first box (injury/illness/harm occurred) within each major type of abuse/neglect.
 - » If no injury/illness/condition has occurred, but there has been an incident or pattern of incidents, mark one of the no injury/illness subcategories.
 - » If there has been no injury and no incident but there is a risk of abuse/neglect due to the parent or caregiver's conditions/behaviors, mark the appropriate "risk of" subcategory.

If "risk of physical abuse," "risk of neglect," or "risk of emotional harm" subcategories are marked, you must mark the relevant parental risk factor(s) in the "Parental Risk Factors" row of the screening tool. This requirement does **not** apply to the "risk of sexual abuse" subcategory.

Do not indicate a "risk of..." allegation when a more serious allegation within the same category has already been selected. For example, do not select "child injury" and "risk of physical abuse." This overlap is not permitted because where there is an allegation that meets the definition of a subcategory of child maltreatment, marking "risk of..." becomes redundant.

Parental Risk Factors

The "Parental Risk Factors" include several *parental* risk factors that the reporter may be alleging are present that may have contributed to the abuse/neglect or risk of abuse/neglect. The intake caseworker may also be aware of the presence of risk factors from previous contacts with the family per DSCYF or DELJIS records.

For a parental risk factor to be marked, the information provided must meet the definitional requirements for that factor. That is to say, the information provided by the reporter must meet the criteria described in the definition of the parental risk factor. It is useful to keep in mind that the definitions require a fairly high level of parental dysfunction in order to say that the risk factor exists.

If any abuse/neglect subcategory is marked, and if any of the parental risk factors listed are present in the case, the caseworker must indicate the nature of any relevant parental risk factors. If no parental risk factors are present, the caseworker may indicate that an abuse/neglect subcategory is present. However, if any "Risk of" allegation is selected, there **must** be a

corresponding parental risk factor marked. *The only exception to this is the allegation of “risk of sexual abuse.”*

SECTION 3: INITIAL INTRAFAMILIAL CHILD ABUSE AND NEGLECT SCREENING DECISION

This section is used to indicate the initial screening decision for child abuse and neglect reports. If one or more child abuse and neglect categories have been checked in Section 2, mark the “Screen report in” box. If none of the categories in Section 2 have been marked, check the “Screen report out” box. “Screen out” means that the report has not been accepted as one that will be investigated/assessed by DFS because the allegation as reported did not meet the SDM definitional threshold for any of the maltreatment categories.

SECTION 4: CONSIDERATION OF CHILD ABUSE AND NEGLECT REPORT OVERRIDES

This section is used to indicate whether, due to special circumstances, the initial screening decision may be overridden.

- Override to Screen In Report: This category would be used in instances where no child abuse and neglect category had been checked in Section 2, but the report was going to be screened in anyway. There are two ways this could happen:
 - » There is a court order to investigate the allegation; or
 - » The worker and/or supervisor believe that there are aggravating circumstances that warrant an investigation of a report that otherwise would have been screened out. If such a discretionary override is used, a clear and convincing rationale must be provided.
- Override to Screen Out Report: This category would be marked in circumstances where a child abuse and neglect category had been checked in Section 2 (i.e., the definitional threshold was met), but an investigation will not be conducted due to one or more of the circumstances listed.
- No Overrides Apply: Mark this category if none of the potential overrides are applicable.

SECTION 5: FINAL SCREENING DECISION

This section is used to show the final decision. The possible decisions are:

- Screen In Child Abuse and Neglect Report: One or more abuse/neglect subcategories has been marked (i.e., the definitional threshold has been met or the report will be investigated due to an override). If the report is screened in, indicate how that report will be handled.

- » It will be investigated by DFS; or
 - » It will be linked to another current DFS investigation; or
 - » It will be handled via family assessment.
- Screen Out: No abuse/neglect subcategories have been marked because the definitional threshold has not been met, or the report has been screened out due to an override.

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES
SDM® SCREENING ASSESSMENT
DEFINITIONS

SECTION 1: CHILD ABUSE/NEGLECT REPORT TYPE

Intrafamilial (Complete SDM screening assessment)

Intrafamilial child abuse or neglect is any child abuse or neglect committed by 10 Delaware Code §901(13):

- A parent, guardian, or custodian;
- Other members of the child's family or household, meaning persons living together permanently or temporarily without regard to whether they are related to each other and without regard to the length of time or continuity of such residence, and it may include persons who previously lived in the household, such as paramours of a member of the child's household; or
- Any person who, regardless of whether a member of the child's household, is defined as family or a relative, or as an adult individual as defined in 10 Delaware Code § 1009(b)(3)a.

Reports that do not require further SDM screening

The following types of reports do not require SDM screening. However, they must be documented and additional actions must be taken as noted:

- Extrafamilial: The report involves an alleged perpetrator who is not a member of the child's family or household **AND** the report does not involve institutional abuse/neglect. Refer to law enforcement.
- Non-DFS IA: The report involves an allegation of institutional abuse in a non-DFS facility. Refer to DHSS.
- Out-of-state allegation: The report alleges child abuse/neglect occurring in another state. Refer the report to the appropriate agency in the other state.
- Adult victim: Report alleges abuse/neglect of a person who is/was over 18 at the time of the incident. Refer reporter to adult protective services or law enforcement if appropriate.
- Child victim now an adult: Report alleges abuse/neglect of a person who is now an adult while that person was a child **AND** the adult is not currently in foster care or a residential care facility.

SECTION 2: MALTREATMENT TYPES

PHYSICAL ABUSE

Child injury

A person recklessly caused physical injury to a child. Include any non-accidental injury or death. An injury is non-accidental if it was inflicted willfully or as a result of punishment. If the reporter does not know how a reported injury was caused, consider the allegation to be a non-accidental injury. If the reporter does not know whether the caregiver's behavior resulted in an injury, do not mark as injury. Include injuries that result from a domestic violence incident or other criminal behavior of the caregiver. Include visible injuries and suspected injuries due to symptoms such as loss of consciousness, altered mental status, inability to use an arm, inability to bear weight, etc. Do not include injuries that result from sexual acts.

- Serious non-accidental injury: Examples of serious non-accidental injuries include: blunt force trauma; bone fracture; burns and scalds; head trauma; internal injuries; puncture and stab wounds; injuries consistent with abusive head trauma; suffocation; and bruises, lacerations, dislocations, and sprains where the **injury requires medical intervention**.
- Other non-accidental injury: Examples of other, non-severe injuries include bruises, cuts, and lacerations where medical intervention is not necessary.
- Death due to abuse: A person recklessly caused a non-accidental injury that resulted in a child fatality.

Other abuse without injury (If abuse results in injury, mark one of the injury categories above.)

- Excessive discipline/bizarre treatment: The alleged perpetrator uses physical discipline that bears no resemblance to reasonable discipline **AND** that is likely to cause physical injury. Actions likely to cause injuries include the following:
 - » Throwing the child;
 - » Kicking;
 - » Striking with a closed fist;
 - » Interfering with breathing;
 - » Use of, or threatened use of, a deadly weapon;
 - » Any other act that is likely to cause physical injury or disfigurement; or
 - » Hitting, pinching, pushing, hitting with objects, etc., **IF** the frequency and force used, or the location on the child's body (e.g., head, neck), were significant enough that an injury was likely.

- Dangerous behaviors involving child: The alleged perpetrator behaves in ways that are not related to discipline but are likely to result in serious injury to the child. Examples may include the following:
 - » Giving alcohol or drugs to a child;
 - » Using the child as a shield (e.g., in domestic violence cases); or
 - » Domestic violence incidents that occur while the child is present and in which weapons or objects have been used or the child has attempted to intervene physically. A child is considered to be present if he/she is within sight or sound of the incident.

Risk of physical abuse

Risk of physical abuse refers to circumstances where although the child has not yet experienced harm (as defined above) and there have been no clear-cut abusive actions, it can reasonably be concluded that if the circumstances continue without change, significant harm (as described above) will likely result in the near future due to the abusive actions of a caregiver.

More specifically, risk of physical abuse means that there are alleged perpetrator characteristics or conditions (e.g., substance abuse, mental health issues) that currently frequently result in physically aggressive or violent actions toward others and are likely to result in significant harm to the child in the near future. For example, the parent gets belligerent and violent while substance-affected, or the report concerns a drug-exposed infant, **and** there is no plan of safe care. *This item may not be marked if any other category of physical abuse has been selected.*

Risk of physical abuse *must* be selected when there is a presumption against residence of a minor child to a perpetrator of domestic violence (Delaware Code, Title 13, Chapter 7A). If risk of physical abuse is selected for this reason, domestic violence may also be selected as a parental risk factor.

NEGLECT

Child injury/illness resulting from neglect

- Injury/illness resulting from medical neglect: The parent/caregiver has failed to obtain or follow through with appropriate medical care for a child resulting in or potentially resulting in a serious illness, injury, or condition, and/or exacerbating a pre-existing illness/injury/condition. As a result, the child is likely to require hospitalization or surgery; or the condition may worsen to the extent that unnecessary permanent disability, disfigurement, or death results. Include situations in which a family is declining health care for an acute or chronic condition due to religious convictions.
- Injury/illness due to other neglect: The child has suffered an injury that requires medical attention, and this injury was a direct result of neglect (other than medical neglect), including but not limited to the following:

- » Failure to provide adequate supervision (e.g., young child hit by car while playing unsupervised in the street; infant falling from a window or balcony);
- » Hazardous conditions in the household (e.g., exposed electrical wiring; broken windows or stairs; or access to weapons, chemicals, or harmful drugs);
- » Excessive substance use and/or mental health issues by the person with care, custody, and control;
- » Lack of knowledge about the child's developmental needs or the physical, mental, intellectual, or other limitations of the caregiver; **OR**
- » The child has suffered serious illness or contracted a disease that requires medical attention, and this illness/disease was a direct result of neglect, including but not limited to the following illnesses and/or conditions:
 - Diagnosed malnutrition;
 - Inadequate nutrition causing serious illness;
 - Diagnosed failure to thrive. The child has significantly failed to reach normal growth and developmental milestones where physical and genetic reasons for the failure have been medically eliminated and a diagnosis of non-organic failure to thrive has been made by a medical professional; or
 - Illness due to hazardous conditions in the household, such as access to chemicals, rat or cockroach infestations, excessive garbage or decaying food. Medical conditions have arisen (such as sores, infection, physical illness, etc.) because the child's basic needs for clothing and/or hygiene are unmet.
- Death due to neglect: The child suffered an injury or illness that resulted in death, and this injury/illness was a direct result of neglect. Include fatalities resulting from the parent's failure to obtain or maintain adequate medical care for serious/chronic conditions and fatalities resulting from other forms of neglect including inadequate supervision, hazardous conditions in the household, malnutrition, etc.

Neglect (without injury/illness)

Allegation is that the parent has the ability and financial means, but fails to provide necessary care.

- Basic needs: food/clothing/shelter

- » Food: The caregiver does not provide sufficient food to meet minimal requirements for the child to maintain health and growth. The child experiences unmitigated hunger, e.g., lack of food has a negative impact on school performance. Note: Caregiver's use of food stamps and/or food pantries as sources of food should not be considered failure to provide food.
- » Clothing: The child's clothing is insufficient to protect the child from the elements. Whether the clothing is new or name brand is not relevant to the discussion of whether the parent/caregiver is providing proper care. Consideration is given to whether the clothing is sufficient to protect the child from the elements and health hazards.
- » Shelter: Shelter is hazardous and jeopardizes physical safety. Structural issues to consider include: exposed electrical wiring; holes in the floor of the home; flaking lead-based paint; plumbing/septic tank issues that affect the living area; leaking gas from stove or heating unit; open, broken, or missing windows; or lack of utilities that provide sanitary sewage, fresh water, and adequate heat (between October 15 and April 15) with no alternate provisions or inappropriate provisions made to provide utilities. Do not include housekeeping/cleanliness issues unless they present a threat of imminent and serious harm to a child. Younger children are generally at greater risk than older ones. Cleanliness issues to consider include: a substantial amount of scattered garbage/trash accessible to a young child; a substantial amount of contained garbage/trash that sits to the point that vermin are present; animal or human waste that is not disposed of properly; cleanliness issues that cause or exacerbate medical conditions for the child.

If reported by a credible source (e.g., police), also include activities of the parent/caregiver that create a hazardous living environment, such as the manufacture or distribution of drugs/alcohol, or allowing activities that involve constant disruption of the home environment and the threat of violence in the home (e.g., gang activity, prostitution). Also include situations in which guns, weapons, and other dangerous objects are or may be accessible to the child and are not secured. Guns that are properly secured (e.g., locked appropriately) should be excluded.

- Mental health care neglect: A caregiver has a pattern of failing to seek ongoing or emergency mental health services for a child who is suicidal, homicidal, or self-harming.
- Inadequate supervision: The caregiver fails to provide necessary supervision for a child who is unable to care for his/her own basic needs or safety. Consider such factors as the child's age, mental ability, physical condition, the length of the caregiver's absence, and the context of the child's environment (10 Delaware Code §901). Examples include but are not limited to:

- » Any child under the age of 12 who is left alone;
 - » Any child who is or has been left unsupervised for a period of time inappropriate to the child's age or developmental status;
 - » Any situation in which the caregiver may be present but does not attend to the child (e.g., the child is playing with dangerous objects, running into the street, etc.);
 - » Child is not supervised to the extent that the child has avoided serious injury only due to intervention by a third party; or
 - » A child age 6 or younger is left in a motor vehicle for an extended period of time or when the parent does not have a line of sight to the child.
- Abandonment/no caregiver available/lockout: The parent/caregiver fails or refuses to assume responsibility or to provide basic care (food, shelter, clothing etc.) for a child on a daily basis. Examples include:
 - » The child has been left without his/her parent/caregiver making reasonable ongoing arrangements for his/her care, and there are indications that the parent/caregiver does not intend to return or assume ongoing responsibility for the child;
 - » The child has been left in the full-time care of another person, but that person is unable or unwilling to provide—or continue to provide—care for the child; or
 - » The parent/caregiver is unwilling to provide ongoing care for the child due to parent-child conflict, including situations in which the parent locked the child out (current report) or locks the child out of the house on a recurring basis.
 - Educational neglect: Educational neglect means failure by a parent or caregiver to follow through with court-ordered activity for the child after conviction in court for “Failure to Send Child to School.”
 - Reckless behavior involving child: The alleged perpetrator behaves in ways that are likely to result in serious injury to the child. Examples may include the following:
 - » Driving or operating a motorized vehicle or vessel (e.g., car, boat) under the influence of drugs or alcohol while the child is in the vehicle.
 - » Intoxicated/impaired caregiver bed-sharing with an infant (12 months or younger).

- » Inappropriate confinement. The alleged perpetrator has confined the child in a bedroom, basement, or any other space for a period of time that is inappropriate to the child's age and/or vulnerability. The alleged perpetrator may have locked the child in or used "dead man's props" to block or otherwise impede the child's ability to leave the space.
- Failure to protect: The child has been or is being abused or neglected by another person and, despite this knowledge (or reasonable expectation that the caregiver should have that knowledge), the caregiver has failed to intervene and/or continues to allow that person to have access to the child.
- Exploitation: The parent or caregiver teaches, encourages, or instructs a child to engage in illegal behaviors (e.g., shoplifting, burglary, drug dealing, driving without a license).

Risk of neglect

Risk of neglect means that there are circumstances or conditions (e.g., substance abuse, mental health issues) that are likely to result in failure to meet the child's basic needs in the near future, and this failure can reasonably be expected to produce a substantial and demonstrably adverse impact on the child's safety, welfare, or well-being. Marking this item indicates that there are concerning behaviors by the caregiver that do not constitute neglect, but that indicate a trend or escalating pattern towards inability to meet the child's basic needs. *This item may not be marked if any other category of neglect has been selected.*

For example:

- Caregiver is extremely depressed;
- Caregiver has little interest in taking care of self and/or child;
- One partner's financial control (a form of domestic violence) is preventing the other from purchasing items needed for the basic care of the child;
- The report concerns a drug-exposed infant, **and** there is no plan of safe care; or
- The caregiver's intellectual disability impairs his/her ability to provide adequate care, supervision, or protection for an infant/child.

SEXUAL ABUSE/EXPLOITATION

Child harmed

- Sexual abuse: A child under the age of 18 may have had/may be having sexual contact with a family or household member. The allegation may be based on disclosure, witnessed act, confession, or medical evidence such as pregnancy or the presence of sexually transmitted diseases, infections, or trauma:

Sexual contact includes intercourse, any penetration, any intentional touching of the child's anus, breast, or genitalia when such touching is sexual in nature or intentionally having a child touch another person's anus, breast, buttocks, or genitalia. Sexual contact also includes touching through clothing.

For screening purposes there should be a presumption against screening in reports of non-abusive sexual contact between similarly-aged children and those involving relatively minor incidents (e.g., unwanted kissing, inappropriate touching, or self-exposure between peers) where it appears that it is a one-time incident and both the perpetrator's and victim's parents are responding appropriately.

- Sexual exploitation: Exploitation means taking advantage of a child for unlawful or unethical personal or sexual gain (see 10 Delaware Code §901). Include situations in which the alleged perpetrator involves the child in obscene acts or engages the child in prostitution or pornography, or knowingly permits a child to be sexually "used" by another party. It also includes situations in which the alleged perpetrator intentionally causes a child to have oral or genital sexual contact, penetration, or intercourse with an animal.

Non-contact sexual abuse

This includes cases in which no known sexual contact has occurred, but a family or household member has engaged in sexually abusive/inappropriate behavior involving the child. Examples include:

- A family or household member makes inappropriate sexualized statements intended to entice or alarm;
- The child is purposefully exposed to sexual activity;
- A child is repeatedly or purposefully exposed to pornography; or
- A family or household member intentionally exposes him/herself to a child and such exposure is intended to entice or alarm.

Suspicious indicators of sexual abuse

A child exhibits verbal, physical, or behavioral indicators strongly suggesting that he/she may have been a victim of sexual abuse by a family or household member. Consider cases in which a person has joined the household, paying particular attention to any sex offenders entering the household. When marking this allegation, a person or persons suspected of perpetrating sexual abuse must be identified.

Examples of suspicious indicators consistent with being a victim of sexual abuse include the following:

- Medical evidence that is associated with sexual abuse but is not conclusive, such as medical evidence that may occur in non-abused children (for example, urinary

tract infections, redness and irritation of the genital area) but is accompanied by other reasons to suspect sexual abuse by a family or household member.

- Emotional or behavioral concerns such as bedwetting/soiling, enuresis or encopresis, sleep disturbances or nightmares, fear of a specific individual, refusal to be left alone, or significant change in behavior/mood **AND** symptoms are accompanied by other indicators of sexual abuse (e.g., sexualized behavior or language, or vague disclosures that did not meet above criteria in and of themselves).
- Extremely sexualized behavior/language. Examples include the following:
 - » For younger child: Sexual behaviors that are significantly different from same-age peers; compulsive masturbation; chronic sexualized behavior; and sexualized behavior that is increasing in frequency, intensity, or intrusiveness; **OR** younger child begins to use extremely inappropriate and sophisticated sexual language that is uncharacteristic of child's typical vocabulary.
 - » For older child: Sexual behavior involving coercion/manipulation of another child; chronic sexually inappropriate behavior.

Risk of sexual abuse

Significant risk of sexual abuse refers to situations in which although the child/young person has *not yet experienced harm* and there may have been no clear-cut sexually abusive actions, it can reasonably be concluded that the current circumstances represent a significant threat of sexual abuse *in the near future*. *This item may not be marked if any other category of sexual abuse/exploitation has been selected.*

Examples include the following.

- A person who has previously sexually abused this or another child, including prior or current charges of child pornography **AND** is a household member or has regained access to the child **AND** child begins to exhibit potentially abusive sexual behaviors (see chart).
- The child discloses a fear that sexual abuse may occur, and/or there are indications that the child is being groomed. **Grooming** refers to a deliberate and escalating pattern of actions taken to lower a child's inhibitions in preparation for sexual abuse (e.g., treating the child as "more special" than other child, talking about sexual topics that are age-inappropriate, exposing the child to pornography, deliberate self-exposure).

Risk of sexual abuse *must* be selected when there is a presumption against residence of a minor child to a sex offender (Delaware Code, Title 13, Chapter 7A.) When risk of sexual abuse is selected for this reason, the parental risk factor for history of serious child abuse and neglect or prior child fatality should be selected.

For reports involving sexual contact between children, the following tables provide examples of behaviors for different age groups. The first chart was developed by the American Academy of Pediatrics and indicates behaviors that in young children are considered normal and common, less common, uncommon, and rarely normal. Behaviors that are uncommon or rarely normal should be considered as suspicious. The second chart summarizes sexual behaviors for older children and behaviors that are considered indicative of abuse. Behaviors listed in the “abusive” category in this second chart should be considered suspicious.

Examples of Sexual Behaviors in Children Ages 2 Through 6 Years¹			
Normal, Common Behaviors	Less Common, Normal Behaviors	Uncommon Behaviors in Normal Children	Rarely Normal
<ul style="list-style-type: none"> • Touching/masturbating genitals in public/private • Viewing/touching peer or new sibling genitals • Showing genitals to peers • Standing/sitting too close • Tries to view peer/adult nudity • Behaviors are transient, few, and distractible 	<ul style="list-style-type: none"> • Rubbing body against others • Trying to insert tongue in mouth while kissing • Touching peer/adult genitals • Crude mimic of movements associated with sexual acts • Sexual behaviors that are occasionally, but persistently, disruptive to others • Behaviors are transient and moderately responsive to distraction 	<ul style="list-style-type: none"> • Asking peer/adult to engage in specific sexual act(s) • Inserting objects into genitals • Explicit imitation of intercourse • Touching animal genitals • Sexual behaviors that are frequently disruptive to others • Behaviors are persistent and resistant to parental distraction 	<ul style="list-style-type: none"> • Any sexual behaviors involving children who are four or more years apart • A variety of sexual behaviors displayed on a daily basis • Sexual behavior that results in emotional distress or physical pain • Sexual behaviors associated with other physically aggressive behavior • Sexual behaviors that involve coercion • Behaviors are persistent and child becomes angry if distracted

¹ Retrieved on June 28, 2013, from <http://www2.aap.org/pubserv/PSVpreview/pages/behaviorchart.html>

Sexual Behaviors	Abusive Sexual Behaviors
Children, Ages 7–10	
<ul style="list-style-type: none"> Fondle and touch own genitals; masturbate Become more secretive about self-touching Interest in others' bodies becomes more game playing than exploratory curiosity (e.g., "I'll show you mine if you show me yours") Boys may begin comparing size of penis May develop extreme interest in sex, sex words, and dirty jokes Begin to seek information or pictures that explain bodily functions Touching may involve stroking or rubbing 	<ul style="list-style-type: none"> Sexual penetration Genital kissing Oral copulation (intercourse) Simulated intercourse Behavior involves coercion, threats, secrecy, violence, aggression, or developmentally inappropriate acts
Children, Ages 11 and 12	
<ul style="list-style-type: none"> Continuation of masturbation Focus on establishing relationships with peers Sexual behavior with peers, e.g., kissing and fondling Primarily heterosexual activity but not exclusively Interest in others' bodies, particularly the opposite sex, that may take the form of looking at photos or other published material 	<ul style="list-style-type: none"> Sexual play with younger children Any sexual activity between children of any age that involves coercion, bribery, aggression, secrecy, or a substantial peer or age difference
Adolescents, Ages 13–17	
<ul style="list-style-type: none"> Masturbation in private Mutual kissing Sexual arousal Sexual attraction to others Consensual sexual activity amongst peers Behavior that contributes to positive relationships 	<ul style="list-style-type: none"> Masturbation causing physical harm or distress to self and others Public masturbation Unwanted kissing Voyeurism, stalking, sadism (gaining sexual pleasure from others' suffering) Non-consensual groping or touching of others' genitals Coercive sexual intercourse/sexual assault Coercive oral sex Behavior that isolates the young person who displays the sexually abusive behavior and is destructive of his/her relationships with peers and family
<i>Adapted from material presented in Araji (2004); cited in Boyd (2006) and Kambouropoulos, et al. (2005).</i>	

EMOTIONAL ABUSE/NEGLECT

The caregiver has made threats to inflict undue physical or emotional harm, and/or there are chronic or recurring incidents of ridiculing, demeaning, making derogatory remarks, ignoring or isolating, shunning, or rejecting (10 Delaware Code §901). Include caregiver action or inaction that has led to child's severe anxiety, depression, withdrawal, or aggressive behavior toward self or others or the imminent likelihood thereof.

Child harmed

Mark the specific sub-category below that describes the child harm.

- Child emotionally harmed:** The child has/is experiencing significant psychological harm that is related to a persistent pattern of alleged perpetrator behavior **AND** that results in severely impaired functioning at home, in school, or in the community (e.g., social isolation, seriously impaired ability to do

schoolwork, frequent disruptive or aggressive behaviors). Significant psychological harm includes the following:

- » A diagnosed mental health condition such as anxiety, depression, or PTSD; **OR**

In the absence of a diagnosis, observable behaviors or conditions that signify severe psychological harm, such as ongoing sleep/appetite disturbance, bedwetting/wetting/soiling, severe withdrawal, extremely and persistently aggressive behavior, starting fires, or cruelty to animals. For infants and toddlers, indicators of significant psychological harm may include delays in physical development (e.g., walking, talking, non-organic failure to thrive) and/or behavioral indicators such as being abnormally and chronically unresponsive or withdrawn (e.g., never responding to cuddling, never smiling or making sounds), exaggerated fears and extreme clinginess, chronic head banging, or regressive and persistent bedwetting/wetting/soiling.

AND

- » These behaviors or conditions are related to a persistent pattern of alleged perpetrator behavior. Behaviors include credible threats by the parent to cause serious physical or emotional harm, or rejection, hostility, blaming, criticizing, scapegoating, ignoring, isolating, manipulating, terrorizing, or domestic violence, **AND** these behaviors are ongoing and repetitive or take place in a single, extremely traumatic incident.
 - Rejecting behaviors are those that communicate abandonment or a negative sense of identity to the child/young person.
 - Hostility refers to behaviors that reflect predominant feelings of anger, antagonism, or hatred toward the child.
 - Blaming refers to the alleged perpetrator repeatedly saying or acting as though the child is at fault for negative things that have happened to the parent, child, or family.
 - Criticizing refers to constant expressions of disappointment, disapproval, dissatisfaction, or fault-finding with the child.
 - Scapegoating refers to making the child take the blame for the action of others.
 - Ignoring refers to being emotionally unavailable to the child, and can include the absence/withdrawal of love/affection.
 - Isolating involves preventing the child from participating in normal opportunities for social or cultural interaction.

- Manipulating involves enticing, pressuring, or coercing the child to act against his/her best interests or sense of right and wrong (e.g., alienating the child from the other parent or another person, or getting the child to break the law).
- Terrorizing involves threatening the child with severe or sinister punishment or deliberately developing a climate of fear or threat (e.g., exposing the child to ridicule by others; threatening to harm the other parent, siblings, or other significant person; or killing or injuring pets or animals).
- The child has witnessed or is aware of the caregiver's domestic violence on multiple occasions or has witnessed or is aware of a single severe incident that resulted in a significant injury to an adult (i.e., requiring hospitalization or medical attention) or that involved the use of a weapon such as a firearm or knife.
- Suspected emotional harm: The child does not have a diagnosed mental health condition, and functioning (e.g., schoolwork, maintaining relationships) is not severely impaired. However, the child expresses or displays symptoms such as persistent and/or profound sadness, fear, worry, confusion, anger, or low self-esteem. For infants and toddlers, symptoms of significant psychological harm may include being unresponsive or withdrawn (e.g., not responding to cuddling, not smiling or making sounds), fearfulness and clinginess, or occasional regressive bedwetting/soiling.

AND

- This is related to a persistent pattern of caregiver behaviors. Behaviors include threats to cause physical or emotional harm, rejection, hostility, blaming, criticizing, scapegoating, ignoring, isolating, manipulating, terrorizing, domestic violence, **AND** these behaviors are sustained and repetitive or a single, traumatic incident (see above for definitions of these behaviors).

Risk of emotional harm

Risk of significant emotional harm means that there are circumstances or conditions (e.g., substance abuse, mental health issues, domestic violence) that frequently result in behaviors that may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's emotional well-being. For example:

- The caregiver's substance use or state of mental health renders him/her emotionally unavailable;
- The child has witnessed or is aware of the caregiver's domestic violence on multiple occasions or has witnessed or is aware of a single severe incident that resulted in a significant injury to an adult (i.e., requiring hospitalization or medical attention) or that involved the use of a weapon such as a firearm or knife; or

- The child has witnessed or is aware of the caregiver's domestic violence, and during or following the incident(s) the child demonstrated significant emotional distress. Examples include shaking with fear, inconsolable sobbing, cowering, or hiding, OR having a flat affect, showing little or no emotion, especially where the violence has been longstanding.

When considering if a child is aware of the caregiver's domestic violence, determine if the child knows that the caregiver has been injured AND if the child knows or can reasonably be expected to know that the injury was caused by another person (e.g., if there is a history of domestic violence in the home, if the child was within sight or sound during the incident, if the child expresses suspicion of the alleged abuser).

This item may not be marked if any other category of emotional abuse/neglect has been selected.

PARENTAL RISK FACTORS

Chronic and severe substance abuse

Indicate if any of the following conditions are present. If none of the following conditions are present, the parental risk factor of chronic and/or severe substance abuse cannot be considered to be present.

- Drug-exposed newborn: The parent is considered to have a chronic and/or severe substance abuse problem because the child or parent has tested positive at delivery for illegal substances (or abuse of prescription medication). Include infants who are receiving treatment for withdrawal. Exclude methadone if part of a recovery program. Exclude reports that an expecting mother is using drugs or alcohol if there are no other children residing in the home. When "drug-exposed newborn" has been selected, risk of physical abuse or risk of neglect may be selected, based on the details of the individual report (i.e., if there is no plan of safe care).
- Fetal Alcohol Spectrum Disorder: A child has been diagnosed with FASD.
- Other substance abuse problem: The caregiver chronically and/or severely abuses alcohol or a controlled substance, and the abuse threatens the child's ability to receive care necessary for his/her safety and general well-being (see 10 Delaware Code §901). Exclude reports that an expecting mother is using drugs or alcohol if there are no other children residing in the home.

The alleged perpetrator currently has a significant substance abuse problem that interferes with his/her daily functioning. Indicators may include the following:

- » Serious family conflict over substance abuse;
- » Inability or unwillingness to carry out daily household chores/responsibilities;

- » Recent criminal behavior associated with drug use;
- » Domestic violence resulting from substance use; **AND**
- » This substance abuse problem negatively impacts his/her care and supervision of the child to the extent that there is risk of significant abuse or neglect. For example:
 - Abuse and/or neglect has already occurred and it is/was associated with substance use;
 - Patterns of behavior associated with substance use indicate significant impairment of the caregiver's ability to meet the basic needs of the child, e.g., caregiver spends money on drugs while child has less than adequate food, clothing, or shelter;
 - A child has access to drugs or paraphernalia used for drug consumption in the household;
 - Caregiver provides inadequate/questionable supervision while intoxicated;
 - Caregiver bed-shares with infant (12 months or younger) while under the influence of drugs or alcohol;
 - Caregiver displays aggressive or erratic behavior toward child while under the influence of drugs or alcohol; or
- » The substance abuse may be any of the following:
 - An ongoing problem (e.g., dependency);
 - A one-time incident; or
 - Binge use (e.g., blackouts, violent behavior, gone from the home multiple days at a time, or leaving child alone or in inappropriate care while on a binge).

Domestic violence

Domestic violence includes physical assaults and/or periods of intimidation/threats/harassment between caregivers, or between a caregiver and another adult household member.

At least one caregiver is a victim or perpetrator of violence that is chronic and/or severe, **AND** one or more of the following thresholds applies:

- A child has witnessed in the last 12 months one or more family violence incidents that are consistent with felony-level charges (e.g., resulted in an injury that

required or should have resulted in hospitalization or medical attention; involved the use of a weapon such as a firearm or knife);

- A child has been exposed in the last 12 months to chronic episodes of domestic violence that are consistent with misdemeanor-level charges (e.g., pushing, hitting, kicking, throwing objects) **AND** these episodes are known to the police;
- Though it may not have involved a child directly, chronic domestic violence has occurred in the household during the past 12 months and/or the parents have not followed through with treatment referrals made by victim's services or domestic violence professionals. Consider chronic domestic violence to exist when there are multiple assaults and/or an escalation of violence in a 12-month period and/or repeated criminal charges for domestic assault;
- A pattern of power and control exists, such as isolation, financial control, or emotional abuse, which prevents one partner from making choices for the safety of self and/or child/young person; or
- Multiple breaches or disregard of a restraining order by either party.

Include situations in which violent behavior occurred more than 12 months ago if the partners have been separated and are now reuniting.

History of serious child abuse and neglect or prior child fatality

Examples include:

- The caregiver has previously been convicted for serious injury or death of a child due to child abuse or neglect. Include convictions that have occurred at any time in the past;
- The caregiver has previously had parental rights terminated involuntarily due to child abuse or neglect; or
- A parent has previously seriously abused or neglected this or another child, **AND** the severity of the prior incident **OR** the parent's response to that incident suggests that this child may be at risk of significant harm.

Examples of serious prior abuse/neglect include the following:

- A current caregiver has previously had a substantiation against him/her for serious abuse or neglect (i.e., a serious injury or illness occurred);
- There was a previous child death not due to natural causes or that was unexplained/suspicious or is still under investigation, and caregiver contribution to the death was suspected;
- A child was removed from the household as a result of abuse/neglect;

- There is a history of serious injuries to a young child in the family that have been considered suspicious, but for which there was not enough evidence to prove that someone deliberately harmed the child;
- Two or more unduplicated reports in the past year have been received **AND** the nature of the reports is escalating in terms of the severity of the alleged harm or the frequency of the reports; or
- Two or more unduplicated reports in the past year have received an investigation.

The nature of the caregiver's response to prior incidents should also be considered. Risk is increased if the caregiver did not assume responsibility (e.g., denied, blamed child, or minimized or dismissed the incident's seriousness); did not cooperate with the investigation; or did not respond to offers of services or participate in planned interventions to reduce risk.

Caregiver mental health problem

A caregiver has a mental health problem or diagnosed mental illness that interferes with his/her daily functioning. Indicators may include the following:

- Serious family conflict due to mental health concerns;
- Inability or unwillingness to carry out daily household chores/responsibilities;
- Frequent mental health hospitalizations; or
- Domestic violence associated with emotional instability; **AND/OR**

The mental health issue or diagnosed mental illness negatively impacts his/her care and supervision of the child to the extent that there is significant risk of serious abuse or neglect. For example:

- Abuse and/or neglect has already occurred and it is/was associated with the caregiver's mental health issues; **OR**
- There are patterns of behavior associated with the mental health problem that indicate significant impairment of the parent's ability to meet the basic needs of the child, such as the following:
 - » Caregiver's depression is immobilizing, resulting in the child frequently being unsupervised or unfed;
 - » Aggressive or erratic behavior toward the child;
 - » Inability to protect the child from others due to mental health issues; or
 - » Caregiver's distorted perceptions lead to rejection, hostility, blaming, or threats toward the child.

The problem may be either of the following:

- An ongoing problem (e.g., depression); or

- Single or recurring incidents of significant dysfunction (e.g., psychotic episode, violent behavior).

Caregiver cognitive or physical disability

A caregiver has a diagnosed cognitive disability (e.g., mental retardation, severe cerebral palsy, delirium, dementia, or other condition that impairs general intellectual functioning) that negatively affects the following areas:

- His/her ability to manage his/her own life on an ongoing basis; and/or
- His/her ability to provide adequate care, supervision, or protection for a child or infant to the extent that it represents a risk of significant abuse/neglect. For example:
 - » Due to cognitive delays, the caregiver has difficulty managing finances (e.g., paying bills, depositing checks, prioritizing spending) or managing a household (e.g., keeping a sufficient supply of food in the home);
 - » The caregiver lacks the basic knowledge needed to parent an infant (e.g., not knowing that infants need regular feedings, expecting a baby not to cry, or misinterpreting infant responses or cues); or
 - » The caregiver lacks the basic knowledge needed to parent any child (e.g., not understanding limits on physical discipline, expectations or treatment of child are inconsistent with child's development, etc.).

OR

A caregiver has a **physical disability** that seriously impairs his/her ability to provide adequate care, supervision, or protection for a child, and there are insufficient formal or informal supports (provided by other adults) to compensate for this condition, resulting in a risk of significant abuse/neglect. For example, a physical disability, without support from other adults, might prevent a caregiver from doing the following:

- Maintaining a safe household, to the extent that child health is compromised;
- Providing regular meals for the child(ren);
- Protecting the children from another person who endangers their safety, welfare, or well-being.

AND/OR

The child is the primary caregiver for his/her disabled parent, and the time and energy spent providing support has a negative impact on the child's own functioning (e.g., the child's grades or health are seriously affected).

DEPENDENCY

Dependent child

A person with responsibility for care, custody, and control of the child does not have the ability and/or financial means to provide for the care of the child, and as a result fails to provide necessary care with regard to: food, clothing, shelter, education, health care, medical care, or other care necessary for the child's emotional, physical, or mental health, or safety and general well-being. Lack of ability means that through no fault of his/her own, the parent is unable to provide necessary care due to problems such as financial constraints, mental health concerns, hospitalization, incarceration, or disability.

Child living in non-related home without DSCYF approval

The child is living in a non-related home on an extended basis without the consent and approval of the DSCYF or any agency court-licensed or authorized to place children in a non-related home (10 Delaware Code §901).

Inability to complete adoption plan

The child has been placed with a licensed agency, which certifies it cannot complete a suitable adoption plan (10 Delaware Code §901).

Out-of-state runaway

The report concerns a runaway child who is the resident of a state other than Delaware.

Abandoned infant (Safe Arms)

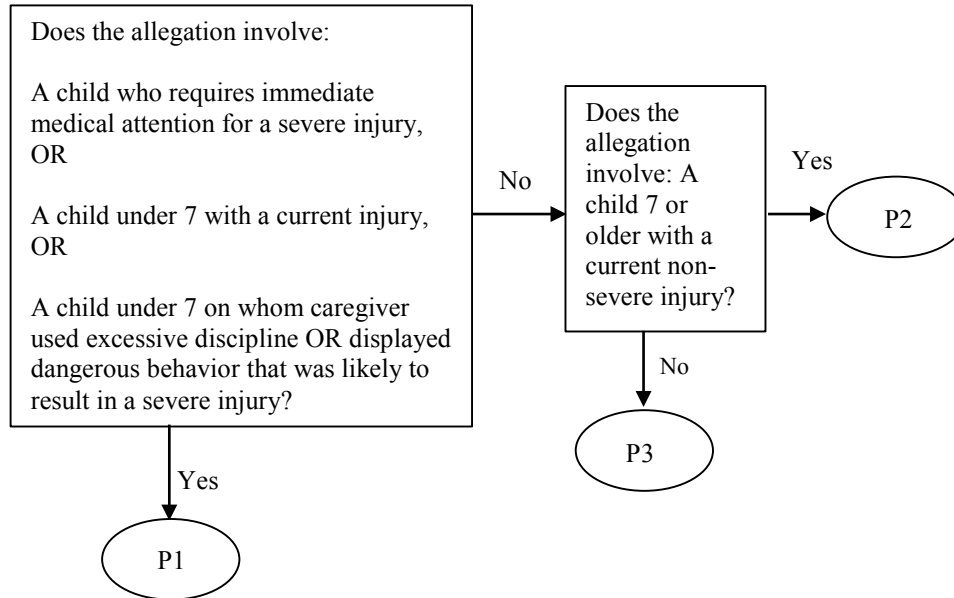
A parent has surrendered an unharmed infant under the age of 14 days to a hospital emergency room.

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES

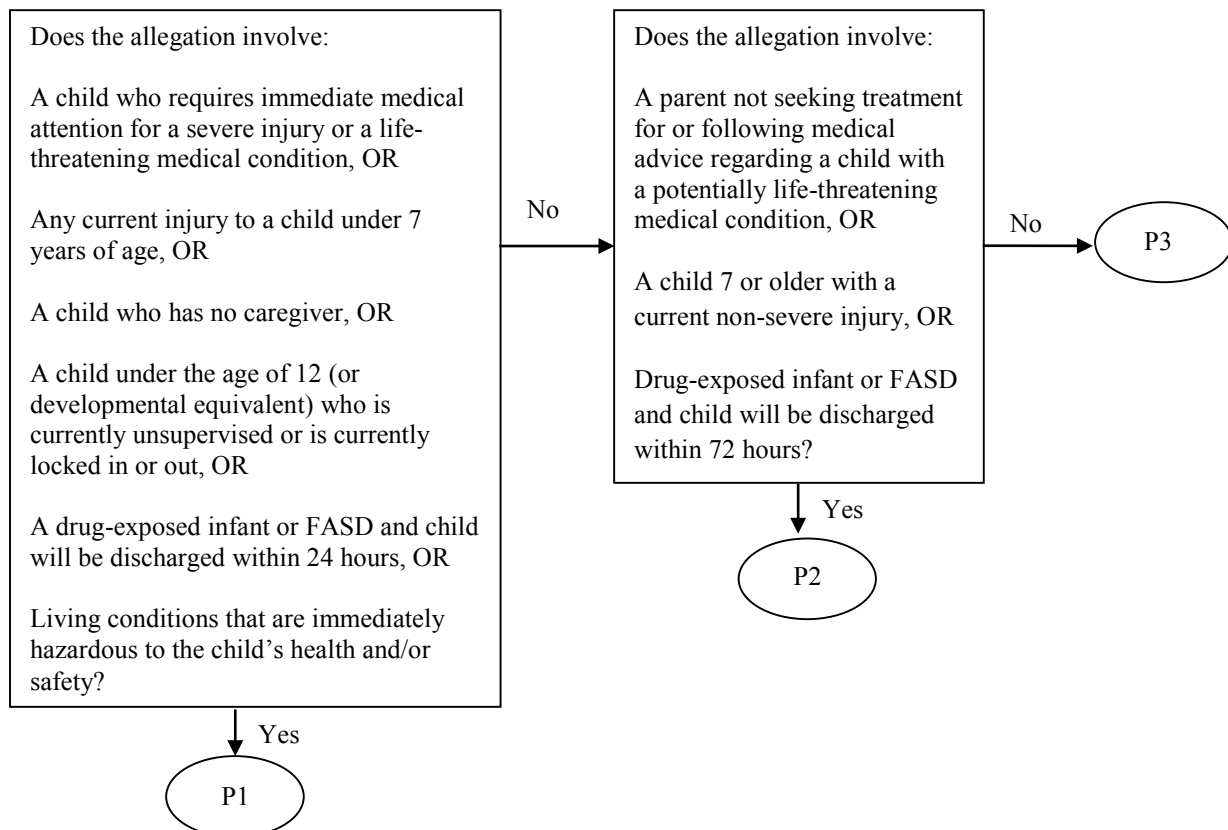
SDM® RESPONSE PRIORITY ASSESSMENT

SECTION 1: RESPONSE PRIORITY (Required only for screened-in reports that will be handled by DFS)

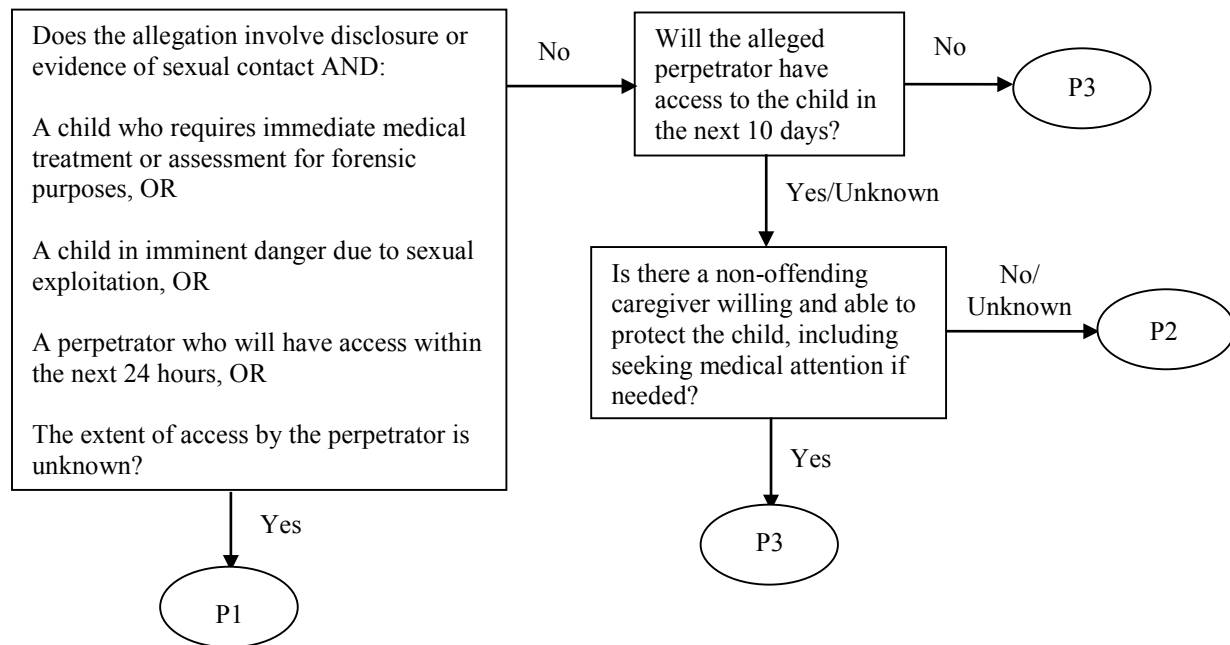
Physical Abuse



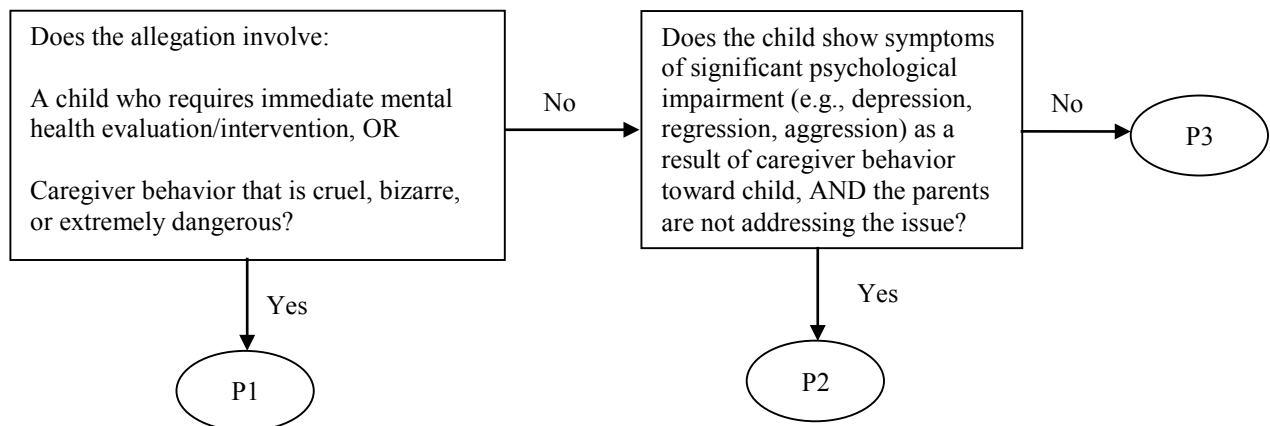
Neglect



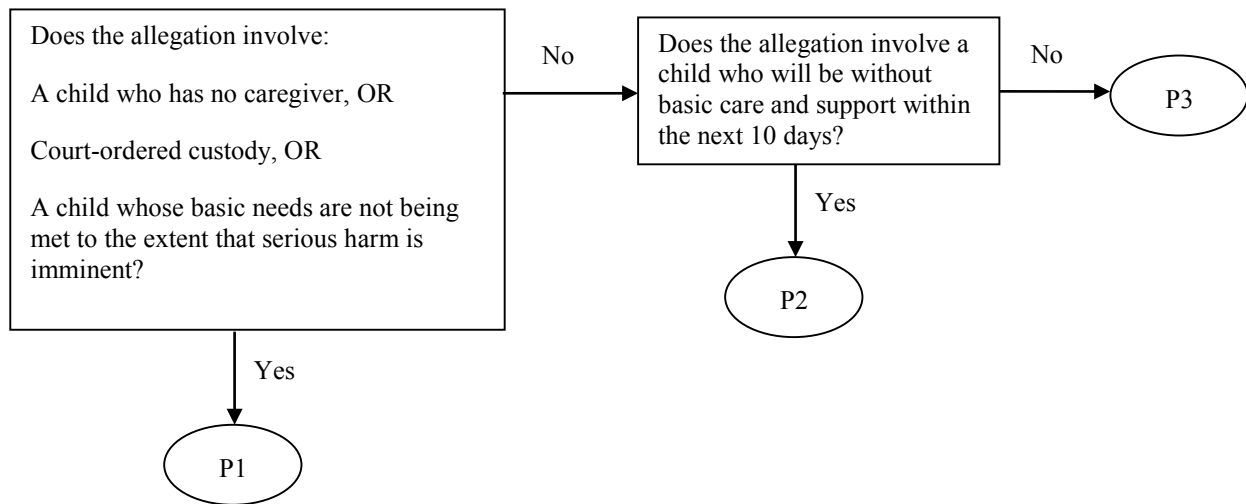
Sexual Abuse



Emotional Abuse/Neglect



Dependency



SECTION 2: INITIAL RESPONSE PRIORITY

- ☐ Priority 1 – Within 24 hours
- ☐ Priority 2 – Within 3 days
- ☐ Priority 3 – Within 10 days

SECTION 3: OVERRIDE CONSIDERATIONS

Override to Priority 1

- ☐ Law enforcement requests urgent response/MOU compliance
- ☐ Out-of-state runaway

Override to Priority 2 from Priority 1

- ☐ Child is in an alternative safe environment pending a 3-day response
- ☐ Discretionary override to any priority
- ☐ No overrides apply

SECTION 4: FINAL RESPONSE PRIORITY

- ☐ Priority 1 – Within 24 hours
- ☐ Priority 2 – Within 3 days
- ☐ Priority 3 – Within 10 days

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES
SDM® RESPONSE PRIORITY ASSESSMENT
POLICY

Purpose and Policy

The purpose of the response priority tools is to determine how quickly DFS should respond to screened-in child abuse and neglect reports.

Which Cases: The response priority portion is completed only for reports with a final screening decision of “screened in.”

Who: The intake worker completes the assessment and the supervisor reviews and approves.

When: The intake worker completes the assessment as soon as possible, ideally during the reporting telephone call. The assessment is documented within one hour if the report involves:

- A child requiring immediate medical or mental health attention
- A child under age 7
- A child with no caregiver or an unsupervised child under 12
- A drug-exposed infant or FASD child
- Living conditions that are immediately hazardous
- Sexual abuse

All other reports are documented as soon as possible and disposed no later than the end of the shift of the intake worker who received the report.

The supervisor reviews and approves assessments by the end of the shift.

Decision: The response priority component determines how quickly after acceptance (i.e., documentation of the completed screening and response priority decisions) that the assigned worker must make face-to-face contact with the family. Possible response times are as follows:

- Priority 1: Within 24 hours
- Priority 2: Within 3 days
- Priority 3: Within 10 days

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES SDM® RESPONSE PRIORITY ASSESSMENT PROCEDURES

This section describes procedures for completing the response priority tools. The tool has FOUR basic sections:

Section 1: A series of five separate response priority decision trees, one each for the following:

- Physical abuse
- Neglect
- Sexual abuse
- Emotional Abuse/Neglect
- Dependency

Section 2: For recording the initial response priority decision.

Section 3: For considering mandatory and discretionary overrides.

Section 4: To record the final response priority decision.

SECTION 1: DECISION TREES

For each report, complete one decision tree for each type of alleged child abuse and neglect. For example, if the only allegation is physical abuse, complete only the physical abuse decision tree. If the allegations include both physical abuse and neglect, complete both those decision trees.

For each tree, begin at the first question and determine whether “yes” or “no” is appropriate, using the definitions. To determine whether “yes” or “no” is the most appropriate response for each question, the intake worker should ask questions of the reporter until the response becomes clear. **If unable to determine the answer, respond to the question in the most protective way, i.e., answer “yes” to the question.**

Follow the branch of the tree determined by the “yes” or “no” response until reaching a termination point. The termination point indicates whether the SDM system recommends a 24-hour, < 3-day, or < 10-day response. This is the initial response priority.

When there are multiple allegation types reported (e.g., abuse and neglect), **complete all relevant decision trees and select the most urgent response time** as the initial response priority.

However, if there are multiple allegation types reported, it is not necessary to complete a decision tree for every allegation once a 24-hour response has been reached for any one of the allegations.

If the report was screened in on an override, no trees are required, and this section may be skipped.

SECTION 2: INITIAL RESPONSE PRIORITY

Record the most urgent response time determined in Section 1 for any allegation.

If the report was screened in on an override, there will be no initial response priority assigned.

SECTION 3: OVERRIDE CONSIDERATIONS

Override to 24-hour response: A 3-day or 10-day indicated response priority must be overridden to a 24-hour response priority if:

- Law enforcement requests it or an MOU requires it. There is a Memorandum of Understanding with all statewide law enforcement agencies, the Department of Justice, and the Children's Advocacy Center, which states DFS must notify law enforcement when a potential crime has occurred; or
- The report involves an out-of-state runaway.

The worker and/or supervisor also may override the response priority to 24 hours if there are unique aggravating circumstances not captured with the questions and definitions of the decision trees, and those circumstances require an immediate response. A clear and compelling rationale must be documented for any discretionary override to 24 hours.

Note: Do not mark a mandatory override to 24 hours if the decision tree has already recommended a 24-hour response.

Override to a 3-day response: A 24-hour response may be overridden (downward) to a 3-day response if the child is in an alternate safe environment or if the worker and/or supervisor believe and can clearly document that an urgent response is not required.

It is expected that no more than 5–8% of all response priority decisions will involve the use of an override.

If the report was screened in on an override, use an override and professional judgment to assign a response priority time. For example, if the report was screened in on an override that there is a court order, the time constraints associated with the court order would inform the response priority decision.

All discretionary overrides must be approved by a supervisor or administrator. Supervisor approval is indicated when he/she reviews, dates, and signs the form.

If no overrides are used, check "No overrides apply."

SECTION 4: FINAL RESPONSE PRIORITY

Indicate the final response priority level by marking one answer. If an override was exercised, the final response priority will differ from the initial response priority. If no override was used, final and initial response priority will be the same. When there are multiple allegations, the final response priority for the report is determined by the allegation that results in the most urgent response.

DELAWARE DSCYF – DIVISION OF FAMILY SERVICES
SDM® RESPONSE PRIORITY ASSESSMENT
DEFINITIONS

PHYSICAL ABUSE

Does the allegation involve a child who requires immediate medical attention for a severe injury, OR a child under age 7 with a current injury, OR a child under 7 on whom caregiver used excessive discipline OR displayed dangerous behavior that was likely to result in a severe injury?

- The child requires immediate medical evaluation or treatment or is currently receiving emergency medical evaluation or treatment for a severe injury including blunt force trauma, bone fracture, serious burns and scalds, head trauma, internal injuries, poisoning, serious punctures and stabs, and suffocation. A severe injury is one that requires immediate medical attention. Do not include evaluation solely for forensic purposes, or medical evaluation or treatment that has concluded.
- The child is not yet 7 years old (or has the capability of a child under age 7 years due to developmental, physical, or emotional disability) and has a current injury of any severity. Do not consider a scar to be a current injury.
- Regardless of whether an injury has occurred, the caregiver used excessive discipline or acted in dangerous ways toward child. Include any action that could reasonably result in severe injury. (A severe injury is one that requires immediate medical attention.)
 - » Excessive discipline: Striking a child with a closed fist in the head, chest, back, or abdomen with substantial force; burning, cutting, choking, kicking; hitting with belt buckle, extension cord, or other dangerous object; using bondage; poisoning; throwing objects at the child that could cause severe injury; use or threatened use of a deadly weapon (consider age and vulnerability of the child); **OR**
 - » Dangerous behavior: The alleged perpetrator behaves in ways that are not related to discipline but are likely to result in serious injury to the child. Examples include: giving a young child excessive doses of medication; giving alcohol or drugs to a child; dangling the child from heights; exposing the child to dangerous extremes of temperature; using the child as a shield (e.g., in domestic violence cases); domestic violence incidents that occur while the child is present and in which weapons or objects have been used, or in which the child has attempted to intervene.

Does the allegation involve a child 7 or older with a current non-severe injury?

The current report involves a child with a non-severe injury, meaning one that did not require medical attention to prevent loss of functioning and/or death. Do not consider a scar to be a current injury.

NEGLECT

Does the allegation involve a child who requires immediate medical attention for a severe injury or a life-threatening medical condition OR any current injury to a child under 7 years of age OR a drug-exposed infant or FASD and child will be discharged within 24 hours OR a child has no caregiver, OR a child under the age of 12 (or developmental equivalent) who is currently unsupervised or who is currently locked in/out, a drug-exposed infant or FASD and child will be discharged within 24 hours, OR living conditions that are immediately hazardous to the child's health and/or safety.

- A child of any age is not receiving medical attention urgently required (< 24 hours) to treat a life-threatening injury/condition. Examples of conditions include asthma, diabetes, breathing difficulties, etc., but the key consideration is that the child has deteriorated to the point that urgent, immediate treatment is required.
- A child under the age of 7 has a current injury of any severity.
- A child or parent has tested positive at delivery for illegal substances (or abuse of prescription medication) **OR** a child has been diagnosed with FASD **AND** the child is likely to be discharged within 24 hours. Exclude methadone if part of a recovery program.
- There is no adult willing or able to take on a role of care, custody, and control for this child.
- A child who is not yet 12 years old (or has the capability of a child under age 12 due to developmental, physical, or emotional disability) is currently unsupervised or is currently locked in or out.
- Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening. For example:
 - » Leaking gas from stove or heating unit.
 - » Substances or objects accessible to the child that may endanger his/her health and/or safety.
 - » Exposed electrical wires.
 - » Excessive garbage or rotted or spoiled food that threatens the child's health.
 - » The child has suffered serious illness or significant injury due to living conditions, and these conditions still exist (e.g., lead poisoning, rat bites).
 - » Evidence of human or animal waste throughout living quarters.
 - » Guns and other weapons are not locked.

» Methamphetamine production in the home.

Does the allegation involve: a parent not seeking treatment for or following medical advice regarding a child with a potentially life-threatening medical condition, OR a child 7 or older with a current non-severe injury, OR a drug-exposed infant or FASD and child will be discharged within 72 hours?

- Potentially life-threatening conditions: A caregiver has not obtained medical attention—or has not consistently followed medical advice—for a potentially life-threatening condition. Examples include but are not limited to: caregivers who do not seek medical treatment for a child with a chronic or serious condition (e.g., insulin, emergency inhalers, maintenance of equipment necessary to sustain breathing), or caregivers who do not routinely provide necessary medications to a child with such conditions. Include children with severe malnourishment or dehydration whose needs are not appropriately met. While the situation is serious, it does not require a < 24-hour response.
- Child 7 or older with non-severe injury. A non-severe injury is one that does not require medical attention to avoid loss of functioning or death.
- A child or parent has tested positive at delivery for illegal substances (or abuse of prescription medication) **OR** a child has been diagnosed with FASD **AND** the child is likely to be discharged within 72 hours. Exclude methadone if part of a recovery program.

SEXUAL ABUSE/EXPLOITATION

Does the allegation involve disclosure or evidence of sexual contact AND: a child who requires immediate medical attention or assessment for forensic purposes, OR a child in imminent danger due to sexual exploitation, OR a perpetrator who will have access within 24 hours, OR the extent of access by the perpetrator is unknown?

The allegation involves disclosure or evidence of sexual contact with a child.

Sexual contact includes intercourse; any penetration; any intentional touching of the child's anus, breast, or genitalia when such touching is sexual in nature; or intentionally having a child touch another person's anus, breast, buttocks, or genitalia. Sexual contact also includes touching through clothing.

AND

- The child requires immediate medical attention due to the sexual abuse; **OR**
- The current report involves an allegation of sexual exploitation, and the child is in imminent danger of harm, e.g., is engaged in prostitution or human trafficking; **OR**

- The alleged perpetrator will have access to the child within the next 24 hours; **OR**
- The extent of access by the perpetrator is unknown.

Will the alleged perpetrator have access to the child in the next 10 days?

Will the alleged perpetrator have access to the child in the home within the next 10 days, or has the alleged perpetrator physically contacted the child away from the home or threatened to contact the child away from the home through any means (include physical, telephone, Internet, and other contact)?

Is there a non-offending caregiver willing and able to protect the child, including seeking medical attention if needed?

Does the non-offending caregiver support the child's disclosure and demonstrate the ability/willingness to prevent the alleged perpetrator from having access to the child **AND** will the non-offending caregiver not pressure the child to change his/her statement **AND** will the non-offending caregiver obtain medical treatment for the child if needed?

EMOTIONAL ABUSE/NEGLECT

Does the allegation involve a child who requires immediate mental health evaluation/intervention, OR caregiver behavior that is cruel, bizarre, or extremely dangerous?

- The child shows symptoms of severe psychological distress due to the actions of the caregiver and requires immediate mental health evaluation and/or intervention. Examples include but are not limited to:
 - » The child is threatening to commit suicide, behaving in suicidal ways, or repeatedly engages in self-harming behavior (e.g., cutting);
 - » The child is currently acting out in extremely violent ways. Examples include using guns, knives, explosives, or fire-setting; or
 - » The child is acutely depressed, anxious (e.g., unable to perform basic tasks of daily living), or withdrawn. Examples include an inability to engage in any social activity.

OR

- The caregiver's behavior is cruel, bizarre, or extremely dangerous. Examples include but are not limited to:
 - » The caregiver harms self, others, or pets in the child's presence;
 - » The caregiver threatens to harm self, others, or the child's pet;

- » Unusual forms of discipline that rely on humiliation, fear, and intimidation, such as forcing a 10-year-old to wear diapers or forcing the child to stand in a corner on one leg;
- » Extreme rejection of the child, such as not speaking to the child for extended periods, acting as if the child is not present for long periods, or misusing time-out technique by using time limits far beyond what would be appropriate for the child's age/developmental status;
- » A pattern of chronic or frequent belittling of the child that has resulted in harm to child or a significant change in the child's behavior; or
- » Domestic violence incidents in which the child is present and that involve weapons or result in serious injury to any adult.

Does the child show symptoms of significant psychological impairment (e.g., depression, regression, aggression) as a result of caregiver behavior toward the child, AND the parents are not addressing the issue?

The child has begun to display symptoms of psychological impairment as a result of caregiver behavior toward the child. Symptoms may include behavior extremes, low self-esteem, offending behavior, or depression. Specific indicators may include aggressiveness, destructive or anti-social behavior, emotional withdrawal or constant sadness, or inability to react with emotion. In younger children, indicators may include clinging or compulsively seeking affection and attention; unusual fears for the child's age (e.g., fear of going home or being left alone); difficulty eating or sleeping; frequent headaches, stomach aches, or nightmares; being easily startled; regression to bedwetting, thumb sucking, or rocking **AND** these or other symptoms are having a clear negative impact on the child's functioning at home, school, or in the community.

AND

The parents have not taken steps to seek treatment or otherwise address the issue.

DEPENDENCY

Does the allegation involve: a child who has no caregiver, OR court-ordered custody, OR a child whose basic needs are not being met to the extent that serious harm is imminent?

- There is currently no adult willing or able to take on responsibility for the care, custody, and control of the child. Include Safe Arms cases and any child who falls under DSCYF Policy 209.
- Custody is court-ordered.
- The child's basic needs (food, clothing, shelter, health care, medical care, supervision) are currently not met to the extent that the child is at imminent threat of serious injury/illness.

Does the allegation involve a child who will be without basic care and support within the next 10 days?

The child's caregiver is currently available and basic needs (food, clothing, shelter, health care, medical care) are currently met, but within the next 10 days either no caregiver will be available and/or the child's basic needs will go unmet to the extent that there will be an imminent threat of serious injury/illness.